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THE DOCTORS WEEKLY
AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

VOL. II—No. 21. NEW YORK, NOVEMBER 19, 1892. TERMS $2.00 A YEAR.

7 Reasons why Papoid is superior to Pepsin

1 Digestive Power.

"In other words, Papoid possesses the combined powers of Salivary, Gastric, and Pancreatic ferments." (KILMER.—Paper read before New Jersey Pharmaceutical Association.)

2 Acts Throughout Entire Alimentary Canal.

"An additional advantage of Papoid (in diphtheria) is that it helps Nature to digest whatever food there may be in the alimentary canal." (LOVE, Prof. Clin. Med. and Dis. of Children, Marion Sims Coll. Med. St. Louis,)

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4 Acts in Acid, Alkaline, or Neutral Media.

"But much more convenient than this will be found the dusting of a minute portion of Papoid beneath the protective strips. This succeeds well, because Papoid acts best in a concentrated medium of any reaction whatever, pepsin only in a dilute acid solution." (MORTON, on Leg Ulcers, read before Phila. County Med. Society.)

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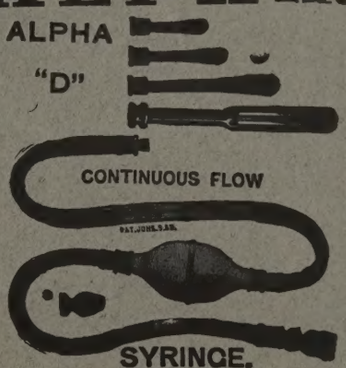

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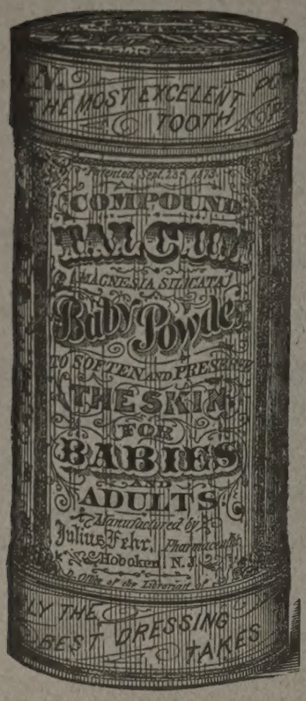

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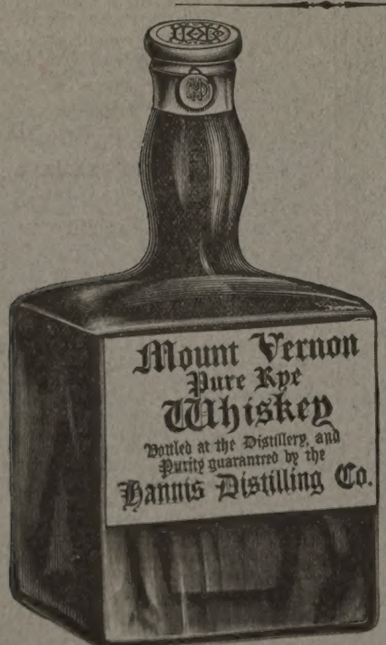

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See Outside Front Cover.

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THE USES AND ABUSES OF COCAINE,

WITH REFERENCE TO MUCOUS MEMBRANES ESPECIALLY.*

BY ARTHUR G. HOBBS, M. D.,

ATLANTA, GA.,

Ex-president of the American Rhinological Association, Member of the American Medical Association, of the Georgia State Medical Association, the Atlanta Society of Medicine, etc., etc.

(*Continued from last week.*)

I desire here to emphasize most decidedly one contra-indication in the use of cocaine as a collyrium, and that is that *it should never be used when an abrasion of the cornea exists;* nothing in the form of a collyrium is more deceptive, as it is also most grateful to a denuded corneal surface.

The cornea is covered with the epithelial layer of the conjunctival mucous membrane only; here no middle layer proper exists whence it can derive its nutrition, hence it quickly loses its vitality when subjected to this local anæsthetic. So also, the outer layer of the cornea, receiving its nutrition by imbibition only, seems to be even more susceptible to the destructive effects of cocaine.

I have seen a number of cases, during the last few years, (especially since this drug has been introduced into general use), in which the cornea has been greatly damaged by its constant and frequent introduction, for no other purpose than the temporary relief of pain; but unfortunately the relief thus produced proves to be a delusion, and the destruction produced upon the cornea is only masked for the time by the anæsthetic effects.

I have especially seen these bad results in the cases of physicians who had themselves persisted in its use for the comforting effects to their own eyes, both during the presence of foreign bodies on the cornea and after their removal.

Cocaine is contra-indicated also in any corneal inflammation, and should not be prescribed beyond the acute stage of any form of conjunctivitis.

I have had but little experience in its use beyond its local application to mucous membrane surfaces, because I have never believed that its range of utility extended any further, except, perhaps, in a very few instances; hence I know very little of its general usefulness hyperdermically, as it has usually seemed to me to be quite as painful to introduce it in this manner as the pain of a minor operation would be, especially when we consider the limited quantity that can be borne when it is introduced so directly into the circulation. I have sometimes, however, injected the solution into the tonsilar mass to hasten aneasthesia, but the toxic effects follow so quickly after its introduction into the circulation in this manner, that I always hesitate to resort to this means in an untried subject. Yet, in some operations, on the eye, as in tenotomies, iridectomies, cataract operations, etc., I frequently use the syringe for introducing a weak solution—one to two per cent.—subconjunctivally, in subjects that do not succumb to a four to six per cent. solution applied superficially for fifteen to twenty minutes at short intervals.

In preparing for a tonsil amputation, I use a cotton probe saturated in a five to a fifteen per cent. solution, and apply it to the whole surface of the mass at once; then I send the patient to a waiting room and, perhaps, in the meantime—about eight or ten minutes—see another patient; then make a second thorough application and wait three to five minutes before I use my knife and hook tonsilotome.

Occasionally, in an extremely sensitive patient who has not by this time exhibited any of the general effects, a five per cent. solution may be introduced into the tonsilar mass with a long hypodermic needle before proceeding to amputate.

In nearly five thousand tonsil amputations (four-fifths of which were done under Cocaine) I have never had a dangerous hemorrhage and not more than a dozen cases that even proved to be troublesome from this cause.

Undoubtedly, cocaine exerts a decided hæmostatic effect upon hypertrophic tissue, especially when it has thoroughly saturated the mass before an incision is made. Yet, after the solution of continuity, its blood-staying quali-

*Read at the 10th annual meeting of the American Rhinological Association at Indianapolis, Sept. 22th 1892.

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ties are not equal to many other hæmostatics, and it cannot be relied upon for this purpose.

During the first years of its use this drug was vaunted by many writers in the medical journals as a great panacea—as *the sovereign remedy* for ear-ache, but, naturally, disappointment followed quickly in the practice of these theorists, who seemed not to remember that the outer layer of the membrana tympani was not a mucous layer, else they failed to remember the fact that an aqueous solution of cocaine could be only sparingly absorbed through a cutaneous epithelium.

After the rupture or incision of the drum membrane in an acute catarrhal inflammation of the middle ear, when it becomes possible for the solution to reach the membrane involved, the call for relief from pain has already ceased. When it is practical to introduce a few drops of a strong solution into the middle ear cavity through the eustachian tube, the pain is usually relieved at once; but as it is not always possible to do this on account of the swollen mouth of the tube and as another question arises here beyond the scope of this paper, as to the advisability of the trial in any case, cocaine cannot be regarded as so great a panacea in ear-ache as it was first claimed to be by many who wrote only upon faulty theoretical grounds.

I have occasionally heard of cocaine habitues, all of whom were physicians, but I have had no personal experience with these unfortunates. Such cases will be found to be linked with the whiskey habit in the great majority of instances.

I think, however, that we should always remember the danger of such a consequence when making a prescription containing cocaine and be guarded when even its suggestion arises.

Like all drugs that are potent for good, cocaine is also potent for evil. Like fire, it is a good servant but a bad master.

A Russian Physician, V. Kisselew, has used hydrastinine in the treatment of four cases of epilepsy. In two of the cases no effect was produced, in the other two there was marked diminution both in the frequency and violence of the attacks at the end of two or three weeks of treatment. The hydrastinine was given in aqueous solution in single doses of $\frac{1}{6}$ to $\frac{1}{3}$ grain up to $\frac{1}{2}$ to $1\frac{1}{2}$ grains a day. No disagreeable results were observed in any of the cases.

CLINICAL REPORTS.

Bellevue Hospital.

SERVICE OF DR. BERN GILLAUDET.

Thursday, Nov. 10, 1892.

(Reported expressly for the Doctors Weekly.)

Nephroraphy—Patient thirty-five years old, female, married, has had three children, occupation housewife, is of medium size, but greatly emaciated. Four months ago she came into the hospital suffering from agonizing abdominal pains and disturbed digestion. A freely movable tumor was found on the right side, so diagnosis of floating kidney was made; an incision was made in the median line and the diagnosis verified by finding the right kidney so movable that it could easily be pulled out of the abdominal incision. An opening was made in the lumbar region and the kidney stitched to the lumbar muscles. In ten days patient was up and abont free from all disagreeable symptoms.

Three or four weeks ago the symptoms of floating kidney returned, but as no movable tumor could be found it was impossible to tell which kidney had lost its adhesions. However, she suffered so much that it was thought best to do an exploratory laparotomy and find which kidney is floating. It was decided that if the one which had been operated upon before was impaired, to remove it at a subsequent operation, providing the other kidney, after thorough examination, was perfect in its function. If the left kidney had broken from its adhesions it was decided to suture it at once After patient was thoroughly anæsthetized an abdominal incision was made in the median line, and because of the left kidney being higher than the right and the necessity of examining both kidneys, this incision was made somewhat above the old cicatrix. The operator now introduced his right hand into the peritoneal cavity and, grasping the right kidney, found it to be firmly adherent, showing that the previous operation was entirely successful. The left kidney was now examined and found to be adherent only at its upper border, the whole lower part of the organ being freely movable and easily rotated in any direction.

This distinct movement justifies an operation for its fixation. The abdominal wound, after the prudent use of antiseptics, was temporarily closed by a couple of large silk sutures. The patient was now placed upon her side and the lumbar incision made, beginning half an inch below the last rib, just at the outer border of the erector spinæ and carried somewhat obliquely downward and forward into the retro-peritoneal fat. The operator ligated the arteries as he cut them so as to avoid the necessity of having a large number of artery forceps in the way while doing the more important part of the operation.

The abdominal wound was now reopened and a hand introduced to grasp the kidney and push it back into place. Heavy silk sutures were now passed directly through the lower end of the kidney substance and thus its lower part was fastened to the lumbar muscles. This passing the needle through the kidney substance is preferable to simply catching the fatty covering or fibrous capsule. There was no need of any sutures above, as the kidney was quite strongly adherent at its upper border. Both wounds were then completely closed and two lines of sutures put in each incision; the posterior incision having the lumbar muscles stitched together, then the integument, the peritoneum and integument in the anterior incision. It was mentioned by the operator, that without the anterior incision it would have been impossible to have replaced the kidney and that it is usually found to be necessary to make two wounds. The morning after the operation, the patient had a temperature of 99° F. and was not able to take food.

Amputation of Leg.—Patient was a German woman, about 60 years old, a laundress. About two weeks ago, while returning home from her work she fell in front of a street car, the front wheel running over her foot just below the ankle joint, completely cutting off the foot. She was taken to the hospital at once and as soon as she recovered from shock a Syme's amputation at the ankle joint was performed. Owing to the mangled and lacerated condition of tissues, sloughing set in and approaching symptoms of gangrene promoted the operation of a higher amputation. Consequently a Hays' amputation was done at the lower third of the leg. Patient's temperature and pulse about normal next morning.

Service of Dr. F. S. Dennis,

Oct. 25, 1892.

Haematoma. A man, 25 years old, fell from a third story window striking on the pavement below, on his buttocks. He was brought to the hospital with a temperature of 102° F. and profuse eechymoses and swelling of the left buttock. The swelling caused marked tension over the whole left gluteal region. An incision five inches long was made through the centre of the tumor and about a quart of black clotted blood turned out. This is an acute process and would have sloughed and caused sceptic abscess in forty-eight hours. The wound was washed out and left open to encourage drainage.

Amputation of Breast. Woman, age forty-five, married, three children. Several months ago, she fell and received an injury of the left breast. This was the starting point of a growth that was diagnosed as malignant and opened into a large, hard, tumorous mass which was found firmly adherent to the underlying tissues. This was removed and with it the pectoral fascia and part of the pectoral muscle, and also the axillary glands of the left side. A large drainage tube was put in, the skin sutured together, and wound dressed with iodoform gauze. The tumor was examined and found to be a typical sarcomatous growth. As but two per cent. of these cases are permanently cured and as this one is well advanced, a three month's lease of life was given to the patient.

Ten days after the operation, the left lung was found to be involved, giving marked dulness at the base. A hypodermic needle was introduced at the lower angle of the scapula and a blood-stained, sticky fluid obtained. In this fluid were branching masses of budding or group cells, characteristic of malignant growths in serous cavities. Blood stained fluid from a serous cavity, except in those of a hemorrhagic diathesis, is diagnostic of tuberculosis or malignancy.

Repairing Stump. Man, thirty years old, had his arm amputated at the shoulder about a month ago. The operation was improperly done, as there were left all the requisites of a bad stump, i. e: The bone is not sufficiently covered, the cicatrix is adherent to the bone, and the nerves are adherent to the cicatrix. He has been troubled with continuous neuralgic pains at the site of the operation, and manipulation of the stump causes pronounced muscular spasm. Relaid growths and multiple little connective tissue neoplasm, cover the old scar. An incision was made and the end of the bone exposed, which was found to have a spicula of bone, half an inch long projecting from its under side. This was removed, the end of the bone made smooth, and the flaps replaced and sutured.

ROOSEVELT HOSPITAL.

SERVICE OF DR. CHAS. MCBURNEY,

Saturday, Nov. 12, 1892.

(Reported expressly for the Doctors' Weekly.)

The man operated on one week ago for chronic apendicitis is doing well. His temperature has not been above 100° since the operation. Five days after the operation the wound was completely closed and dressed in the usual manner.

The man who was operated upon for vesical calculus is in excellent condition. The stone which was found, proved upon examination to contain a nucleus of wood, which corroborated with the patient's story of falling upon a stake or post three years ago. The entire wound is found to be covered with healthy tissue, and the skin surrounding wound is found to be in normal condition There has been frequent changes of dressing, which is one of the secrets of bringing these cases through, on account of parts becoming saturated with urine, which, if left for any length of time will cause sepsis. The rubber drainage tube will be left in the bladder two days yet, and after removing all the debris from the bladder, the wound will be sutured up.

CARCINOMA: EXCISION OF BREAST. The first patient operated upon to-day was a woman fifty-two years of age, of unusual size, strong, vigorous, and whose general health is excellent. About one year ago she noticed a little lump in her right breast, and for the past three weeks has had little pain in that region. Upon examination a very hard tumor was found to occupy the upper and outer quadrant of the breast, which could not be isolated from the chest wall. The nipple presents some retraction. A large lymphatic gland is found to be involved some three or four inches above tumor. The patient's mother and grandmother died of cancer; her two brothers toubled with cancer: one of them died of cancer of the stomach. She also had five aunts who had cancerous troubles. Dr. McBurney's favorite operation of thoroughly clearing out the breast and then skin grafting over this area, he thought would be more extensive than he cared about on account of skin grafting being difficult over fatty surfaces. He said, what he proposed to do was to make free incision, removing the entire breast with as many of the axillary glands as possible, utilizing enough skin to cover the wound.

The first incision was made about three inches below the nipple and extending from near median line outward to just below axillary region. Second incision extended upward and outward from beginning of first incision to axillary region. The skin covering the breast above the second incision was thrown back and used to cover the wound, while the skin below this incision with the entire breast, connective tissue and part of pectoral fascia was excised Upon examination the breast disclosed a large, firm carcinomitous tumor.

All the glands in axillary region were removed whether affected or not, because previous experience shows that axillary glands should be removed as far as possible. The flap was drawn down and secured by a continuous suture. Such a capacious cavity was found in axilla, that a rubber drainage tube was found necessary.

The sutures were covered with rubber tissue which aids healing by keeping parts dry and prevents dry bandages from adhering to parts when dressings are removed.

On account of remaining breast, and patient being so large, it was found necessary to sterilize the entire thorax, and bandage both arms.

EXTENSIVE LACERATION OF SCALP. The next case was that of a little girl thirteen years old She presents a fair example of a great many who work in machine shops. Last June a braid of her hair on right side became entangled in the wheels of some machinery and the upper part of her scalp was completely torn off. Some cicatrization has taken place, but we have an ulcer which would probably go on for many years, healing up and then breaking down again. In the process of ulceration, the connective tissue becomes stagnant, the vessels become strangulated and we have mainly cicatrical tissue with a border of granulating cells. The scraping method in removing these superficial ulcers is undoubtedly a poor method and causes some of the granulations to be pressed into the deeper tissue and we have the formation of an ulcer after the skin grafts have been applied, or, in scraping, traumatism is caused by bruising the tissues and vessels that lie beneath. The cutting or slicing method is generally regarded as the best method.

A thin, velvety cicatricial tissue was removed from a space three inches in diameter, which exposed the periosteum of the skull-bones.

The regular antiseptic solutions are found to be too strong in skin grafting, and a weak, 6-10 of 1 per cent. saline solution is used. A rubber bandage was applied around the head to arrest bleeding, but some of the bleeding was found to come from the vascular periosteum In order to secure favorable results, accurate coaptation is necessary, but it is found in some instances that good grafts applied to smoothe surfaces form excellent haemostatics.

Grafts were taken from anterior surface of left leg. The old method, which is still in vogue in Europe, is to simply pinch up the skin and cut off pieces from this surface, but a better method is to shave the skin off with a razor, using a pair of haemostatic forceps to make the skin tense.

Grafts an inch wide, of any desired length are used to cover, the raw surface and are kept uninterruptedly in cantact with the wound, by a layer of strips of rubber tissue, covered with compresses of gauze, which has been sterilized in the 6-10 of 1 per cent. saline solution. Another layer of rubber tissue is used on these compresses to prevent any escape of moisture, over which is placed a layer of cotton, and a bandage over all. These dressings will be removed, down to rubber tissue, every forty-eight hours, and re-dressed with wet compresses. This mode of dressing will be kept up from twelve to fourteen days.

SOME RARE CASES.

(PHILA. OBSTET. SOCIETY.)

Dr. J. M. Baldy reported a case of chronic abscess due to appendicitis. The patient had been sent to him for an opinion in regard to a rapidly growing tumor that had first been noticed two years previously as a small protrusion from the external inguinal ring on the right side. A truss had been applied under the impression that it was a hernia. When seen by Dr. Baldy the growth was the size of a fœtal head and had much the appearance of a sarcoma. At the section, a quart or more of pus escaped and the abscess cavity was found situated between the skin and muscles, with an opening at its lower end which communicated with the head of the cæcum, dipping down behind the muscles at their attachment to the iliac bone. The cavity was carefully irrigated and two drainage tubes were placed—one extending behind the muscles into the abdominal cavity, the other in that portion of the cyst between the muscles and the skin. Recovery was slow but good. On careful inquiry after recovery the following history was elicited: She had had some three or four years previously an attack of inflammation in the region of the tumor, which lasted for several weeks and gradually left her. She had thought nothing more of it and had not connected the so-called hernia with it. The original attack was undoubtedly an appendicitis and the pus cavity had existed in a quiescent state for years.

Dr. Baldy also reported a case of malignant peritoneal cyst and stated that he had called the tumor by this name as he did not know how else to call it, never before having seen or heard of such a condition. Before operation he had considered the tumor a parovarian cyst, free from adhesions. The uterus and ovaries could be palpated and were free from disease. At the operation the cyst was found densely adherent to the abdominal walls and the point of division was found with difficulty —the sensation imparted being that of passing through connective tissue. In attempting to break through the adhesions at the upper margin of the tumor, the finger slipped and entered the cyst itself, emptying it of a gallon or more of dark, flaky fluid. The interior of the cyst cavity was lined with a soft, velvety, membrane, studded all over with either tubercular or malignant nodules. The posterior wall seemed made up of coils of intestine, covered with this velvety membrane. The ovaries had both undergone cystic degeneration. To the side of both ovaries, and apparently growing from them, were papillomatous masses. The tubes were shortened and thickened, the fimbriated ends both perfect, but short and stumpy; and the uterus quite large and heavy. The whole pelvic cavity formed part of the cyst cavity, the bladder bulging into it in front.

A drainage tube was placed in each flank, between the cyst wall and the abdominal wall; and a third one inside the cyst, to the bottom of the pelvis. The patient's recovery was slow but satisfactory. She still has a sinus into the pelvis, which discharges a variable amount of thin fluid from tlme to time.

Dr. Baldy stated that the only explanation he had been able to make of the case was, that there was a congenital anomalous distribution of the peritoneum, which, later in life, took on malignant changes.—*Med. and Surg. Reporter.*

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SEXUAL IMPOTENCE.*

BY BRANSFORD LEWIS, M. D., ST. LOUIS.

Physiologists have taught that erection, that prerequisite in the male organ for copulation, was established by an active increase in the amount of arterial blood flowing into the penis, together with a coincident and abrupt decrease in the amount of venous blood flowing out of it; that the influences which stimulate to these processes come from the erigent nerves of the spinal genital center. Tracing these physiological sequences still further back, it was known that such erigent nervous influences originated in three different localities of the organism: (1) in the brain; (2) in the spinal chord; (3) at some part of the periphery. Illustrations of these parts of the body, as such erigent sources were seen in (1) the man who gets an erection from viewing an obscene picture (originating impression in the brain); (2) the painter, whose spine is injured by a fall, and who gets prolonged priapism therefrom; (3) the masturbator, who arouses erection by friction of the penis, scrotum, etc.

Therefore, there were three sources of primary origin for erection; and, conversely, if either of these was diseased, the organism was liable to lose it as an erigent center. And if the conducting mechanism became disordered, the same result was liable to ensue. Our aim, then, should be to study the conditions that produce disorder of these four parts of the economy.

Using the classification of cases of impotence which I think most convenient—that is, organic, psychic, and symptomatic—I shall confine my discussion to the latter variety.

Noting, but not dwelling on, the various debilitating influences, such as diabetes, consumption, fatigue from either mental or physical over-work, sedative medicines, etc., as factors in the production of male impotence, I wish to bring into especial prominence the relationship existing between impotence and such causes as masturbation, excessive sexual indulgence, chronic gonorrhœa and other directly genital affections.

Since the prostatic urethra was the sensitive area, the focal point, of nervous impressions on the genital system; the seat of the pleasurable sensations in intercourse, and the point to which, by virtue of its intimate nervous relationship with the various other parts of the genital apparatus, irritations from them were referred, it was the point which naturally bore the brunt of abuses or disorders of these parts. So that in cases of organic stricture, of prolonged or adherent prepuce, etc.; of sustained (especially ungratified) sexual excitement, of repeated masturbation, chronic urethritis, etc., it was natural to expect disease of the prostatic urethra as a result. And when it was known that disease of the prostatic urethra was, in turn, capable of so deranging the spinal genital center as to deprive it of its power of sending out the nervous influence previously mentioned as indicating erections—in other words, that disease of the prostatic area was capable of depriving a man of his virility—then the key to impotence from these disorders and habits was furnished, and paths for appropriate treatment were supplied.

The rational plan for therapeutic action, consequently, was based on, first, the removal of the habit or disease that was producing the disordered prostatic urethra; second, the remedying of the prostatic urethral inflammation, and in that way restoring the health and functioning capacity of the genital or erectile centre in the spinal cord. In the mode of conducting this plan of treatment resort is had to the use of antero-posterior urethral irrigations of astringent (preferably zinc) solutions; of deep urethral injections of silver nitrate solutions in progressively increasing strengths; the intermittent passage of increasing sizes of steel sounds; endoscopic treatment; the psychrophor, perineal douches, etc. In my opinion, it is manifestly improper to give aphrodisiacs in such cases, since they excite erethism by congesting the genital organs—an effect directly opposed to the one desired for an inflamed posterior urethra. The end aimed at is the restoring of the health of the affected parts, rather than goading them into unnatural activity with unnatural stimulants.

*Miss Valley Med. Ass. Trans. Cond.

DR. A. H. KELLY'S METHOD OF RESUSCITATION IN CHLOROFORM ASPHYXIA.

As soon as it is seen that a patient has stopped breathing and the radial pulse is either feeble, intermittent, or entirely absent, and the pupils dilated, the operation is instantly suspended, and one of the assistants jumps upon the table and stands between the patient's legs, sometimes near the knees, sometimes with his body between her feet, and with his arms under the knees elevates the body from the table so that the buttocks are raised 12 or 15 inches above its plane, while the upper part of the back and the scapular region still rest on the surface of the table.

The head is allowed to drop slightly over the edge of the table until the chin and throat are almost on a line. The surgeon takes his position at the head of the table. The patient's head rests in the hollow of his thigh and is supported there by this and kept from dropping into a position of too great extension. The whole of the body is bared from hips to shoulders, and the surgeon proceeds to produce regular inspiration and expiration by first grasping the patient with both hands under and behind the lower thoracic (inferior costal) region. The lower chest is then pulled forward. This produces at once a suction of air into the chest. After waiting two or three seconds the movement is reversed. The surgeon uses both hands to compress the lower thoracic region and force the chest back towards the table. In addition to the advantage that this carries air into the chest and forces it out, producing rhythmic respiration under control of the surgeon, the blood in the body is carried by the posture to the thoracic and cerebral regions, and currents are started by the respiratory effort to and from the heart, which cannot fail to have a value in stimulating regular action. After one, two or three minutes of this sort of exercise, the patient usually begins to make voluntary efforts at respiration, when the surgeon carefully times his own movements to act in a supplementary manner.

Education in the administration of anæsthetics as given to junior residents and nurses in the Gynæcological Department: (1) These pupils are instructed as to the difference in the methods of administering chloroform and ether, and as to the relatively greater danger of chloroform. (2) They are required carefully to observe a number of cases of anæsthesia, taking notes. (3) They are allowed to administer each anæsthetic under personal supervision of an experienced assistant. In this way they are fully instructed in methods of anæsthetisation. *Caution.* Under no circumstances is an assistant, who has been in the habit of administering ether at other clinics, allowed to undertake the use of chloroform without this previous careful instruction.—*Exchange.*

CHEWING-GUM IN FEVERS.

Dr. R. I. Bond, of Hartshorne, I. T., writes: "The salivary glands play quite an important part in continued fevers, yet they are not considered in the treatment of the case. One of the first and most important restrictions in the patient's dietary is to drop all solid food from the list at the physician's first request and just then the salivary glands begin to lapse into a torpid condition which very often results in an inflammation and, finally, suppuration, and that disagreeable dryness to the tongue and fauces so uncomfortable to the patient. For the relief of this trouble I have found nothing of so much importance as some nice form of aromatic chewing-gum, which relieves the thirst and dry mouth, improves the appetite and digestion, and restrains nausea, if any. Hence some of the most disagreeable accompaniments of the disease are mitigated. I believe also that it materially aids the absorption of the medicine when the alimentary tract is so impaired by the incessant fever.

"I do not claim originality in this treatment, although I have never found any reference to anything of the kind. However, it may have been regarded as too simple to need mention; still it is, in my estimation, quite important in any continued fever."—*Med. Record.*

SOME REMARKS ON TOBACCO.

Under this title, Dr. B. H. Brodnax, of Brodnax, La., contributes an interesting article to the *Va. Med. Monthly*, from which we make the following extracts:

Careful inquiry for over a year, in my clientel, gives me the following results: Ninety-eight out of 123 persons, all white, male and female, use tobacco in some way—aged 18 to 78. Of these, I find ninety affected with impairment of the senses of taste, smell, and hearing; eighty-two have periodic headaches traceable to the habit, for when abandoned for a time, or using less quantity, this symptom disappears in greater or less degree; five have paralysis agitans more or less severe; and 50 per cent. have irregular heart action; eighty-nine are more or less dyspeptic—twenty-two of them badly so; eight cannot always retain all the food eaten unless a stomachic is taken; fifty-two, after smoking during the day, have, later on, a slight defect in walking, a vertigo, usually shown by an inclination to swerve to one side from a straight line; the irregularity always on the same side. More than half complain of forgetfulness, a slight decline in the former powers of memory—some even so far as to forget familiar names of persons whom they see every day.

I said, "Traceable to the use of tobacco," because, when abandoned for a time, these defects seem to remedy themselves without any medication, or only very slight, such as $\frac{1}{100}$ gr. strychnia, *ter in die*. You must "give them something to take;" otherwise advice to "quit" only, does not answer the purpose. Among the women (a few—four—of whom smoke), most of them use snuff-sticks (tooth-brush). Dyspepsia, querilousness, constipation, and consequent uterine troubles, are most common complaints, coupled with some of the others mentioned. Some have "palpitation of the heart," which ceases with abstinence and a placebo.

In about 80 per cent. the eyes are affected with a dryness of the upper lid, which seems to stick to the ball of the eye. There are no granulations, only a dryness of the lids in the morning on waking. This seems to be a fault in the secretion of the mucous membrane. Usually one eye, seldom both, are affected. I call it "smoker's sore eyes."

CORROSIVE SUBLIMATE A POOR GERMICIDE.

Klein's statement, made in 1884, that mercuric chloride was of no more germicidal value than vinegar has certainly received confirmation in the experiments of Mr. Charles T. McClintock, published in the *Medical News* for October 1st and 8th. In his studies regarding the value of corrosive sublimate as a germicide, he not only found that vinegar containing from 6 3 to 7 per cent. of acetic acid had as much influence in inhibiting the growth of mic o-organisms as a 1-to-1,000 solution of corrosive sublimate, but furthermore that the *Staphylococcus pyogenes aureus*, the *Bacillus subtilis*, Eberth's bacillus, and germs in fæces would withstand the action of a 1-to-1,000 solution of corrosive sublimate from an hour to forty-one hours.

The general use of this poison as an antiseptic has been based on Koch's statement, in 1881; that a single application, for a few minutes, of a solution of the strength above specified would without any previous preparation of the object to be disinfected, produce absolute disinfection of even the most resistant organism. This dictum has been corroborated by several bacteriologists.

Now Mr. McClintock, who seems to have conducted his experiments quite carefully, concludes that the high rank heretofore given corrosive sublimate as a germicide is without warrant and based on faulty experiments. These faults have been, in the main, two; enough of the sublimate was carried over with the disinfected material to act as an antiseptic: secondly, the sublimate formed with the investment of the germ an organic compound that, especially with the use of solid media, acted as an antiseptic, and the false conclusion was deduced that the germ was dead. Sublimate forms with cellulose (cloth, filter-paper, etc.), with silk, with albuminous bodies, and with some portions of bacteria (probably the envelope) a chemical compound that no amount of washing with water will remove. The capsule it forms about a germ not only protects the germ from the further action of the sublimate, but also forms an impenetrable barrier to the growth of the germ. The latter may be removed by salines, especially those in the blood. He also concludes that, while sublimate has no great germicidal power, it does not follow that it is not a valuable disinfectant, though it remains to be proved whether the germs contained in solutions treated with sublimate, and disposed of as such material usually is, do or do not grow.

These experiments justify the commendation that has been given in these columns of the employment of lye and solutions of quicklime as the best domestic antiseptic agents.—*N. Y. Med. Jour.*

A CASE OF MYXŒDEMA TREATED BY TAKING EXTRACT OF THYROID BY THE MOUTH.

E. M., aged 49, came under my care at the Plymouth, Dispensary in March last. She at that time exhibited all the typical symptoms of a well-marked case of myxœdema. I showed her at a meeting of the Plymouth Medical Society, and consent was unanimous in favor of myxœdema.

The disadvantages of having to treat cases of myxœdema by continued hypodermic injections are many and obvious. I was therefore induced to try the effect of thyroid extract when taken by the mouth. I directed the patient how to prepare a glycerine extract of half a sheep's thyroid, on much the same lines as laid down by Dr. Murray. Of the extract thus prepared she was to take half one hour before breakfast and the remainder one hour before supper, and to continue doing so twice a week.

She commenced the treatment on June 2d. On July 11th she showed very visible signs of improvement; her facial expression was decidedly brighter, her speech was better, and she felt generally much stronger.

On September 12th the improvement had continued. The skin was soft and perspired freely: the œdema was much less. She was ordered to take half a thyroid, lightly fried and minced, to be taken with currant jelly once a week, and to continue taking the extract once a week. By mistake she took the minced gland twice a week for a fortnight; she then noticed she was getting rapidly weaker, profuse perspirations breaking out on the least exertion; she was unable to walk or stand steadily. She left off taking the gland on September 22nd and began rapidly to recover her strength.

On october 17th she considered herself well, and better than she was two years ago when the symptoms of myxœdema first began. Her condition now is in every way satisfactory. Her face has assumed its ordinary proportions, her speech is normal, the œdema has gone, and menstruation has returned.

I have reported this case, as the method of administering the remedy is simple in the extreme, and in my case, at all events, the result has been satisfactory. If I had another case to treat I should begin with small doses of the minced gland, as that seems to be more potent, gives less trouble in preparation, and is preferred by the patient.—Dr. E. L. Fox, in *British Med. Jour.*

PHIMOSIS AND CIRCUMCISION.

In a paper read at the meeting of the Colorado State Medical Society, June 22, 1892, Dr. Horace G. Wetherill draws the following conclusions:

1. That each male child should be examined at birth for obstructive phimosis when we examine for imperforate anus.

2. That the prepuce should be retracted fully, and all adhesions to the glans broken up, all smegma be removed, and the nurse be instructed to retract, wash, and anoint the parts daily for two weeks, and once each week thereafter.

3. That a long and redundant foreskin, though freely retractable, may be a cause of local and reflex diseases; may occasion, or at least exaggerate, an undue sexual appetite, and so predispose to masturbation, sexual excesses, and, ultimately, to venereal diseases.

4. That such cases should be circumcised, as should the cases where the foreskin is not retractable.

5. That routine circumcision of all male infants is to be condemned. That the prepuce plays an important part in the human economy, and should not be amputated except for good and sufficient reasons.

9. The unhappy experience of a fatal case cited by the author demonstrates that this little operation may be attended by grave dangers, and should be undertaken with this risk in view, and only after we are assured that the parents' families are not bleeders.

7. That infants may endure a copious hemorrhage far better than we have heretofore supposed. —*University Medical Magazine.*

THE PLAIN DUTY OF CONGRESS.

There is a plain duty of congress during its next session, and we think the time is ripe for the medical societies of the United States to take hold and discuss the subjects and pass resolutions urging immediate action. It is only by concentrated action on the part of the medical profession that we may be able to avert disaster next season.

Two vital subjects should be suggested for the consideration of our law-makers in Washington.

First, the restriction of emigration, and second, the organization of a national quarantine.

The United States has become, without a doubt, the dumping ground for continental Europe. The scum and dregs of European population, the flotsam and jetsam of the poor-house, workhouse, jail and penitentiaries have been poured into the United States, till anarchy and crime stalk in broad daylight, red-handed. We do not say that *some* desirable men and women do not come here to live, and become good American citizens, but congress *must* stop the drift-woods from landing on our shores.

In another part of this number will be found a particular article on the national quarantine, which we commend to the careful perusal of our readers. Dr. Austin discusses in a favorable manner the duty of the government in the matter. It is time that the silly spectacle that we have seen practised by the local and national authorities in New York harbor, be stopped. It is unnecessary expense and brings the medical profession into disrepute.

A national quarantine under the charge of the Marine Hospital Service, is what we want and must demand.—*N. E. Med. Monthly.*

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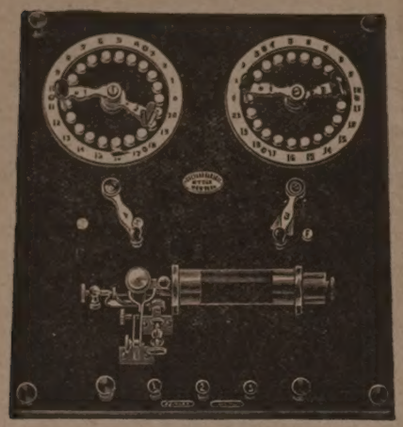

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OBITUARY.

Died at his home, near Hollis, Va., Sept. 30, 1892, Dr. James H. Morgan, age 25 years.

Dr. Snead, of Nashville, was killed in Adel, Ga., Oct. 4, by his horse running away.

Dr. M. B. Pardee, died at his late home, 35 Main st., South Norwalk, Conn., Nov. 9. age 71

Died at her residence, 138 East 65th st., this city, November 11, Anna, wife of Dr. Alexander Berghaus.

Dr. A. Reeves Jackson, of Chicago, Ill., the original of Mark Twain's character, "My friend, the doctor," in "Innocents Abroad," died in that city, Nov. 12.

MARRIAGES.

Dr. A. C. Flack, of Fredonia, Kas., was married to Miss Anna E. Herron on the 5th ult.

At the home of the bride, Cartersville, Ga., on the 15th inst., Miss Lydie Rowland to Dr. C. C. L. Rudicill.

At 6 o'clock on the evening of the 16th inst. Dr. Geo. W. Battle, of Cartersville, Ga., was married to Miss Arleen E. Best, of the same city.

Miss Nannie Heloise Hoke Lester was married to Dr. William Clifton Black at the home of the bride in Greenville, S. C., on the evening of Nov. 15.

Married at Passaic, N. J., Thursday, Nov. 10th inst. Dr. Paul H. Fairchild, of Fairchild & Co. (medical publishers, New York City) to Miss Georgia Everett-Perkins.

Married on Thursday, Nov. 10th, at the residence of the bride's parents, this city, by the Rev. Dr. Kohut, Jeannette, daughter of Mr. and Mrs. S. Cohn, to Dr. L. M. Michaelis.

It is announced that Assistant Surgeon J. Shirley Hope, U. S. N., and Flo Coston, daughter of Capt. H. M. Coston, U. S. M. C., are to be married on the 22d inst., in Trinity Church, Portsmouth, Va.

Miss Susie Tarleton Goldthwaite, daughter nf Dr. Henry Goldthwaite, and Dr. John H. Rose, of Bellevue Hospital, were married Nov. 10th in Grace Church chantry, this city. Rev. Dr. Huntington performed the ceremony. G. Tarleton Goldthwaite was best man.

PERSONALS.

Dr. Thomas Garlington, of Rome, Ga., is in the city taking a post-graduate course.

THE NEW YORK CANCER HOSPITAL.—Dr. Charles N. Dowd has been reappointed an assistant surgeon.

THE NEW YORK HOSPITAL.—Dr. Arthur L. Fisk has been appointed surgeon to the out-patient department in place of Dr. Charles A. Powers, resigned.

ELEVENTH INTERNATIONAL MEDICAL CONGRESS.

(Rome, September 24th to October 1st, 1893.)

The American Sub-Committee has the following membership: W. T. Briggs, Nashville, Tenn.; H. P. Bowditch, Boston, Mass.: S. C. Busey, Washington, D. C.; C. Cushing, San Francisco, Cal.; N. S. Davis, Chicago, Ill.; A. Jacobi, New York, Chairman; Norman W. Kingsley, D.D.S. New York; Wm. Osler, Baltimore, Md.; Wm. Pepper, Philadelphia, Pa; F. Peyre Porcher, Charleston, S. C; C. A. L. Reed, Cincinnati, O.; D. B. St. John Roosa, New York; Alex. J. C. Skene, Brooklyn, N. Y., and James Stewart, Montreal, Can.

The Secretary General informs the Committee, that the French Railway Company has offered to the members of the Congress a reduction of fifty per cent. on its fare.

(Dr. A. Jacobi furnishes us the above news, for which kindness he will please accept our thanks.—ED)

URETHRA CALCULUS.

I. KURBATOFF (*Khirurgitcheskaia Letopis*, No. 4, 1892) recently removed from a peasant, aged 42, an irregularly pearshaped, greyish-white, phosphatic stone, measuring 9½ x 9 centimetres, and weighing 13 ounces. The enormous concretion was lying in a urethral diverticulum, which occupied the right half of the greatly enlarged scrotum. The cavity communicated with the urethra by means of a channel 2½ centimetres long and 1 wide. There were present several urethro-scrotal fistulæ, through which the whole of the urine had been passed for the preceding four weeks, the urethra having become totally obstructed. The right testicle, which was atrophied, was excised together with the diverticulum. On the twenty-seventh day after the operation the man was discharged quite well, with the wound and fistulæ soundly healed and a normally pervious urethra. According to the author, the largest urethral calculus of which there is any record in medical literature was that removed by Pulido. It measured 5 x 3½ inches and weighed 705 grammes. Next comes the stone removed in 1828 from a Russian sailor, named Streltzoff, the concretion measuring 18 centimetres in length and 10 in transverse circumference (the weight is not given). In 1875 N. I. Stukovenkoff, of Moscow, excised a calculus weighing 6 ounces.

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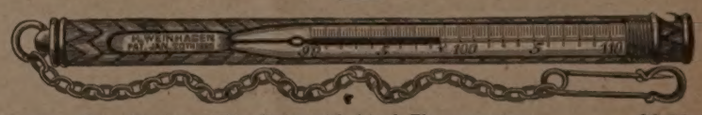

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WILL THERE BE FEWER DOCTORS AS A RESULT OF THE OBLIGATORY THREE YEARS COURSE?

Unofficial but fairly reliable reports from various medical colleges throughout the United States, justify a negative answer to this question. Many Western colleges in which the three years' course has been made obligatory, report largely increased classes, and Southern colleges report no decrease in the number of matriculants. Two of our leading New York colleges have an aggregate of nearly twelve hundred students enrolled for the current collegiate year. While the mills will grind more slowly for a time, we may rest assured that the grist will be as large in the long run as ever. But we find much consolation in the fact that we will have *better* doctors in the future than in the past, and by "better doctors" we mean that those who graduate in our medical colleges under the new order of things, will be more thoroughly grounded in medicine and surgery and consequently better qualified to practise the art of healing, than were those of their predecessors who went through the mill under the old regime, at a two-forty gait.

EDITORIAL ITEMS.

Dr. W. F. Waugh, the genial and versatile editor of the *Times* and *Register*, Philadelphia, paid us a pleasant visit last week.

A Copy of the first issue of *La Ravista*, the new Spanish-American Medical Journal, has reached us. It is a beautiful specimen of the printer's art and its literary contents are doubtless of a high order, but of the latter quality we are unable to judge, as our knowledge of *Spanish* is limited to Spanish flies, Spanish mackerel and a few other products bearing that trade designation.

Under the head of "Clinical Reports," on another page, will be found some interesting and instructive reports from Roosevelt and Bellevue Hospitals. We have made arrangements to print liberal installments of such reports regularly in each and every issue of the Weekly hereafter. They represent the actual work that is being done in New York's leading Hospitals and are of inestimable value to progressive physicians and surgeons.

Dr. C. A. L. Reed, Secretary General, Cincinnati, O., has favored us with a copy of the Preliminary Announcement of the First Pan-American Medical Congress, which will be held at Washington next year. The Announcement is tastily gotten up and reflects much credit on its compiler. It contains all information, in detail, pertaining to the meeting and every physician in this country should secure a copy, and signify his desire to become a member of the Congress by sending the registration fee of $10, to Dr. A. M. Owen, Treasurer, Evansville, Ind.

The idea of establishing a Pasteur Institute in India has been mooted, and in some quarters meets with warm approval, although the Government or, at least, its medical advisers, fear lest such a measure should lead the public to believe that they had committed themselves finally to M. Pasteur's theory. It is not at all unlikely, however, that some practical steps will be taken in the coming autumn in the Punjab, as the present ruler of the Punjab is favorable to the idea and an experienced civil medical officer of the Punjab establishment has, during his furlough, been studying the Pasteur system on the spot. It is intended, therefore, if possible, to take full advantage of this officer's knowledge. There is no doubt that such an institution would be of great value in India.

ACTION OF OX SERUM IN SYPHILIS.

A Short time ago Tommasoli, of Modena, announced that he had succeeded, by making injections of the serum of lamb's blood into patients showing all the usual manifestations of syphilis, in completely subduing all these symptoms and practically curing the patients (Epitome, April 2nd, 1892, par. 305). In a recent communication (*Gazz. degli Ospitali*, August 2nd, 1892) Sartori brings forward four fresh cases in which resu ts similar to those already mentioned were obtained. This time, however, as lamb's blood was not obtainable, the material employed was ox serum, which seems to have been just as efficacious. Of the four patients whose cases are described, one had undergone a partial treatment with lamb's serum and was included in the previous record; the treatment having, however, been only incomplete, he had again come into the hospital. The other three were syphilitic, two of recent date and the other affected for more than ten months. None of these had previously undergone any other treatment. The injections were in every case made into the buttock on alternate sides, the mean dose being 6 c.c. The first case lost all manifestations of his disease after the eleventh injection; the second appeared also to be free after the fifth injection, and was discharged after two further doses; in the third, eight injections were necessary; in the fourth and last case only seven injections were required. Slight symptoms of shock seem to have made their appearance on rare occasions after some of the injections; but nothing alarming was ever noticed, nor anything which would make it imperative to discontinue the treatment.

GARDNER'S
SYRUP OF HYDRIODIC ACID.
HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first inroduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a nonirritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner *

COLDEN'S
Liquid Beef Tonic.

Special Attention

the Medical Profession is directed to this remarkable Curative Preparation, endorsed by THOUSANDS of the LEADING PHYSICIANS OF THE UNITED STATES, who are using it in their daily practice.

Colden's Liquid Beef Tonic

is invaluable in all forms of WASTING DISEASE, and in cases of CONVALESCENCE FROM SEVERE ILLNESS. It can also be depended upon with Positive Certainty of Success for the cure of NERVOUS WEAKNESS, MALARIAL FEVER, INCIPIENT CONSUMPTION and GENERAL DEBILITY.

Colden's Liquid Beef Tonic

Is a Reliable FOOD MEDICINE;

Rapidly finds its way into the circulation; arrests Decomposition of the Vital Tissues, and is agreeable to the Most Delicate Stomach. To the physician, it is of incalculable value, as it gives the patient assurance of return to perfect health.

C. N. CRITTENTON,
General Agent,
115 & 117 Fulton St., New York.

A sample of Golden's Liquid Beef Tonic will be sent free, upon application, to any physician (enclosing business card), in the United States.

SOLD BY DRUGGISTS GENERALLY.

SVAPNIA
OR
PURIFIED OPIUM.

For Physicians' Use Only.

Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia.

Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

Svapnia has been in steadily increasing use for over twenty years, and when used has given great satisfaction.

To Physicians of Repute, not already acquainted with its merits, samples will be mailed on application.

Svapnia is made to conform to a uniform standard of Opium of Ten per cent Morphia strength.

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To whom all orders for samples must be addressed.

SVAPNIA IS FOR SALE BY DRUGGISTS GENERALLY.

ALL DOCTORS KNOW

the place to purchase the most complete and reliable line of

Electric Medical Instruments,

At REASONABLE PRICES IS AT

WAITE & BARLETT MANUFACTURING CO.

143 E. 23d Street, New York.

RICHMOND, VA., June 9, 1891.
I am very much pleased with your electrical apparatus. The battery and electrodes all work well. I have to thank you too, for your promptness in attending to the different orders I have sent you. I can conscientiously recommend your house to others in need of supplies. Very truly yours,
HUNTER MCGUIRE, M.D.

All goods are warranted as represented. Send postal for Catalogue. Upon receipt of ten cents we will forward a reprint on "Electricity in Gynæcology," by Professor G. J. Engleman, St. Louis, Mo.

NOTE! RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

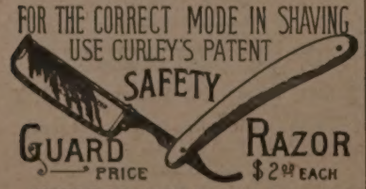
There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well-know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

FOR THE CORRECT MODE IN SHAVING USE CURLEY'S PATENT



WITH DOCTORS WEEKLY. $3.50.

PRESCRIPTIONS.

The following preparations of Menthol are suggested (*Med. Abstract*) for pruriginous affections of the skin :

M. External use.
Menthol, gr. j.
Sweet oil of almonds, gr. x.

M. External use.
Oxide of zinc,
Powd. starch, *aa.* gr. L.
Menthol, gr. j-iij.
Vaseline. pura ʒ v.

M. External use.
Oxide of zinc,
Subnitrate of bismuth, *aa.* gr. x.
Menthol, gr. i-iij.
Powd. starch, ʒ ss.

M. External Use.

FOR ERYSIPELAS.
℞ Acid tannic.
Camphor, aa ʒ ij.
Aether. sulph. f ʒ iv.

M. Apply to affected parts by aid of camel's hair pencil, every 3 or 4 hours.

HÆMERRHOIDS: — Kosobuski recommends the following ointment.—(*Condensed Extracts.*)
℞ Chrysarobin, gr. x ij.
Iodoform, gr. v.
Ext. Belladonna, gr. x.
Vaseline, ʒ iv.
M. et. ft. ungt.

FOR HUMID ECZEMA.—
Benzoated lard, gr. xxvij.
Powd. talc, gr. ij.
Oxide of zinc, gr. vj.
Precipitated sulphur, gr. iv.

FOR DRY ECZEMA.—
Chrysarobin,
Sulphoichthyolate of ammonium, *aa.* ʒ j½.
Salicylic acid, ʒ ss.
Yellow vaseline, ʒ iij.

ZINC GLUE FOR STIFF SURGICAL DRESSINGS.—Trentler recommends a preparation, first suggested by Unna, suitable for dressings for fractures and dislocations:
℞ Oxide of zinc, 10 parts.
Gelatin, 30 parts.
Glycerin, 36 parts.
Water, 30 parts.
Apply thickly, rubbing into the muslin or gauze forming the bandage.

PRURITUS VULVÆ—The following wash has been found useful by Dr. Bulloch, in cases of pruritus vulvæ:
℞ Aluminii nitratis, gr. xxiv.
Aquæ, ʒ iv.
M. Sig.: Wash the parts once or twice a day, and use also as a vaginal injection.
—*N. E. Medical Monthly.*

ACUTE COLD.—The following is an admirable remedy for a cold of an acute character in children :
℞ Ammoniæ mur., ʒ j.
Syr. scillæ,
Syr. ipecac, aa ʒ iij.
Tr. opii camph., ʒ j.
Syr. tolu. q. s. ad. ʒ iij.
M. Sig.: Take a teaspoonful every three hours—*Atkinson Medical Summary*

THERAPEUTIC NOTES.

DRAPES (*Der Frauenarzt*, says that ipecac, in simple atony of the uterus, is a powerful agent in producing uterine contraction during the first and second stages of labor.

FOR THE INCESSANT cough of rubeola, M. Widehofer gives a teaspoonful every two hours of a mixture of ½ a grain of extract of henbane with ½ an ounce of distilled water and 40 grains of simple syrup.

In general, two or three doses of from 10 to 15 drops of the wine of ipecac, given at intervals of ten minutes, produce, in a short time, marked activity of uterine action and a rapid birth. It is much better than ergot, as it does not produce tetanic contraction, but only induces normal and regular expulsive efforts.—*The Therapeutic Gazette.*

CHARRIN declares Cinchonamine to be an alkaloid more soluble than quinine, but closely allied thereto. In animals it causes convulsions and fall of temperature. This fall of temperature is most marked in animals whose temperature has been raised either by injections of microbes or of soluble poisons. The drug may be useful in some diseases, and particularly in certain forms of malaria. Its antiseptic power is but slight.

G. TURAZZO (*Centralbl. f. Gyn.*, recommends asafœtida in frequent and habitual abortion. As soon as the diagnosis of a new pregnancy is made, he gives the patient at once two pills of asafœtida, containing 10 centigrammes (1½ grains) each; this dose is gradually increased to ten pills daily. The treatment is continued until the patient is confined, the daily dose being gradually decreased. In three cases of frequent abortion (two, five, and five abortions), and in one case of threatened abortion at six months, the author has succeeded in averting the accident, the patients going to full term. Asafœtida is a good remedy in female nervous diseases, it regulates, at the same time, the intestinal functions.

DIPHTHERIA.—Gaucher (*Gaz. des Hospitaux*), recommends the local application of the following formula in the treatment of diphtheria:
℞ Acid. tartaric, gr. xxiv.
Acid. carbolic, ʒ ij.
Spts. vini rect., f ʒ iv.
Olei ricini, f ʒ vj.
Camphoræ, ʒ j. M.

The membrane upon the affected surfaces is first gently removed. The application is then carefully made. After an interval of ten minutes, the parts are generously irrigated with boiled water or a 1 or 2 per cent. solution of carbolic acid. If symptoms of laryngeal obstructions arise, a 2 per cent. solution of carbolic acid is constantly vaporized in the sick-room.

"THE MORE CREASOTE THE PATIENT CAN TOLERATE, THE GREATER THE BENEFIT."—Sommerbrodt, relates in the *Berl. klin. Woch.* his further experience in the use of creasote against tuberculosis. In his earlier report he said that eight minims a day would cure every case if taken in the beginning; he is now convinced that larger doses, up to 25 to 60 minims a day, will cure even severe and advanced cases. He does not, of course, claim to cure every case; but he is positive that large doses of creasote will do more for many tubercular patients than any other drug; and his motto is "The more creasote that can be borne, the the better." The maximum doses given in the pharmacopœias are much too small, according to him; he begins at ten years of age with 15 minims daily, and increases this to 60. He formerly gave it in capsules with balsam of tolu; but this method he abandoned as soon as he discovered that very often the balsam was not absorbed, but passed by the bowel undigested. He now gives it in capsules mixed either with cod-liver oil or olive oil. Sommerbrodt claims that creasote, if its use is persisted in for years, will allow people who cannot get away to remain at home in comparative comfort. No fear need be felt of a bad effect upon the stomach, as Sommerbrodt has given patients as high as 20,000 capsules without affecting the appetite injuriously; the most that was noted was a slight belching during the first week, which soon disappeared. —*Gaillard's Medical Journal.*

THE CHOICE BETWEEN EXTIRPATION AND COLOTOMY IN CANCER OF THE RECTUM.

Dr. Chas. B. Kelsey contributes an interesting article with the above title to a recent issue of the *N. Y. Medical Journal*, with the following conclusions:

I. The operation of excision of cancer of the rectum has a very limited range of application.

II. Kraske's incision, though enlarging the scope of the operation, has, on the whole, in no way improved the results.

III. In colotomy we have a method af treatment almost free from risk and one that in any considerable number of cases will give a longer length of comfortable life.

IV. Extirpation is more often indicated in non-malignant than in malignant stricture, but even here the advantages over colotomy are not sufficient to justify the increased risk in grave cases requiring extensive operation.

Teacher (to the class in chemistry)—What does sea water contain besides the sodium chloride that we have mentioned?

Bobby Smith—Fish, sir.—*Ex.*

Apioline-Chapoteaut.

The true active principle of parsley.

For regulating and relieving painful or difficult menstruation.

Referring to his clinical results, Dr. Grumbine says:—

In two obstinate cases of Dysmenorrhœa, Apioline gave most favorable results, it not only eased the pain but increased the flow.

A case of Amenorrhœa in which I have tried it is specially worth noting.

"Although the patient had always been regular, there was no flow, only a drop or two appeared at each menstrual period, and as she expressed it, simply notified her that she had menstruated."

"I prescribed the Apioline capsules, one three times a day, three days before her expected period, she had taken but six capsules when she menstruated, she said she passed at least six tablespoonsful of blood, and it lasted two days, and she had not passed as much blood as that for five years. I advised her to continue the capsules for two days."

"I am very well pleased with the preparation, and shall continue to prescribe it as often as I have cases demanding the same." May 19, 1892.
CINCINNATI.

Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, has proved to be a true stimulent to the uterine system, relieving the pain in spasmodic or congestive dysmenorrhœa, and where, ever principal reliance may be placed on equalizing the circulation and increasing the power of the ovarian nisus.

In prescribing, care should be taken to write the word Apioline in full.

Prepared in the Laboratories of

RIGAUD & CHAPOTAUT,
PARIS.

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STRICTLY PROFESSIONAL

THE PUREST & MOST ACTIVE
PEPSIN
EVER INTRODUCED.

Webber-Pepsin, S. & D.

Standard

1 TO 6000.

A Soluble, Non-Hygroscopic Inodorous, Permanent Pepsin.

Dose: ⅛ to 2 Grains.

The Webber-Pepsin will completely digest 6000 times its weight of coagulated egg-albumen in accordance with the conditions of the U. S. P. test or that of the National Formulary.

It is not a Peptone Pepsin yet it is perfectly soluble, being free from mucus and inert putrescible matter, and is so palatable that the most fastidious patient will take it readily.

It is entirely free from septic contaminations, or other products of decomposition.

Physicians will appreciate these several advantages as possessed solely by the Webber-Pepsin.

Although further investigations based upon the Weber process have enabled us to produce Pepsin capable of digesting from 20,000 to 30,000 times its weight of coagulated egg albumen, we have adopted 1 to 6000 as our standard for the Webber-Pepsin because this already far exceeds the digestive power or any other Pepsin yet introduced, and especially because the production of a Pepsin of a still higher digestive power disproportionately increases its cost.

The Webber-Pepsin is offered in Granular form and in Scales, but unless otherwise specified, we invaribly furnish the GRANULAR form.

Samples fureished upon application.

Manufactured only by

SHARP & DOHME,

BALTIMORE, MD., U. S. A.

THE PATIENT'S CONSENT ALONE NECESSARY TO THE PERFORMANCE OF A SURGICAL OPERATION.

If, after consultation, they deem it necessary, surgeons are justified in performing a surgical operation on a married woman with her consent, whether her husband consents or not And in an action for damages for alleged unskillfulness and negligence in performing such operation, which is alleged to have caused her death, the wife's consent to the particular operation performed will be presumed from her voluntary submission to it, and the burden is on the plaintiff to prove the contrary. And where the disease resulting in death was caused by the operation the surgeons are not liable if they performed the operation with the wife's consent, in a careful and skillful manner, in the belief that it was proper to be performed.

In the case in which these points were decided, it appears from the evidence at the trial that the deceased had been afflicted by the formation of a lump in her right breast. It was supposed at first to be a benign tumor, but was afterwards found to be a cancer. The defendant, a regular physician, was consulted, and advised a surgical operation. A day was appointed for the performance of the operation, and the defendant and another physician were present and performed the operation by cutting off the entire right breast. The operation was performed about June 1, and the death occurred on December 5 following, and was not attributed with any degree of certainty to the results of the surgical operation. Some portions of the evidence tend to prove that the wound caused by the surgical instruments was entirely healed, and the death was produced by tubercular meningitis. The husband of the deceased, who was the plaintiff, relied upon the fact that, although he expressed a willingness that there should be an operation for a tumor, he did not consent to the excision of the cancer. He says that he told the physician that if the formation in the breast was a cancer he objected to its removal.

The jury returned a verdict for the defendant physician, and, on appeal the supreme court, on the question of the husband's consent, said: "His own testimony shows that he assisted the physicians in preparing to perform the operation, and, though not in the room where it was performed, was near at hand. He says that he supposed the medical men were operating for a tumor, and that he would not have consented to an operation for a cancer. There is evidence from which the jury might infer that the patient knew that the formation in her breast was a cancer. When the doctors came to the house she had already prepared herself to undergo the operation. If she consented to the operation the doctors were justified in performing it, if, after consultation, they deemed it necessary for the preservation and prolongation of the patient's life. Surely the law does not authorize the husband to say to his wife, 'You shall die of the cancer; you cannot be cured, and a surgical operation, affording only temporary relief, will result in expense.' The husband had no right to withhold from his wife the medical assistance which her case might require.

"The consent of the wife, not that of the husband, was necessary. The professional men whom she called in and consulted, being possessed of skill and scientific knowledge, were the proper persons to determine what ought to be done. They could not, of course, compel her to submit to an operation, but if she voluntary submitted to its performance her consent will be presumed, unless she was the victim of a false and fraudulent misrepresentation, which is a material fact to be established by proof. Indeed, the party who allows a surgical operation to be performed is presumed to have employed the surgeon for that particular purpose."

And continuing, the court says: "It was the duty of the professional men to exercise ordinary care and skill, and, this being a duty imposed by law, it will be presumed that the operation was carefully and skillfully performed in the absence of proof to the contrary. As all persons are presumed to have duly performed any duty imposed upon them, negligence cannot be presumed, but must be affirmatively proved. This principle is especially applicable in suits against physicians and surgeons for injuries sustained by reason of alleged unskillful and careless treatment. The burden of proof is on the plaintiff to show a want of proper knowledge and skill."—*International Medical Magazine.*

REVISING THE CODE.

We are in favor of a revision of the Code of Medical Ethics; and believe that much improvement could be done to that antiquated instrument by a liberal use of the blue pencil. There is just one necessary clause to the Code, and that is that the physician should in all cases conduct himself as an upright, honorable gentleman; and all else is superfluous. The legislation for patients, over whom our laws can have no control, is useless, The laying down laws by which our neighbor must regulate his conduct and belief, are distasteful to the spirit of this day and country; and the rules that prescribe for the pretended maintenance of a professional ideal that has not been practicable since the Ptolemies, and sets a premium on dexterity in evasion, are enough to make the profession a laughing stock. By all means revise.

Still, if we must adhere to the old order of things, let us not beat about the bush, but come out openly and say just what we mean. In this spirit, let us propose a few amendments.

1. Don't advertise; not even to the extent of putting your address and office hours in the newspapers; but nothing in this is to be construed as preventing the publication in the dailies of accounts of wonderful surgical cases, where patients are saved by the superhuman skill of the doctor, etc., etc.

2. Stealing patients from brother chips must be done so adroitly that the plundered brother will be unable to formulate definite charges. Emulate the Spartans, and let your ambition be to steal all you can, without being caught.

Many other amendments will suggest themselves to those who are familiar with the Code, and its practical application.—*Times and Register.*

THE DUKE, of Westminster, who presided at a recent meeting, held at the Manchester Crematorium, delivered an address in which he urged that the disposal of the dead by cremation was demanded on grounds of economy, as well as in the interests of public health.

I feel personally under obligations to those who have presented so valuable a product to the medical profession, and many a tired and faded patient will be revived and strengthened by the life-giving preparation, ALE AND BEEF, "PEPTONIZED," which is a happy union, in that it contains mildly stimulating (alcohol in small quantity), gently tonic (a modicum of the active principle of hops), decidedly nutrient (malt and beef) and positive digestive (diastase and peptonoids) properties—a union which is in harmony with well-known physiological principles, and will, in my judgment, be indorsed by careful bedside clinicians.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

Two sample bottles to any physician who will pay express charges.

ALE & BEEF CO.,
267 W. 17th St., New York.

Specify "Battle" when Prescribing our Pre arations.

BROMIDIA

THE HYPNOTIC.

Formula.—

Every fluid drachm contains fifteen grains EACH of Pure Chroral Hydrat. and purified Brom. Pot. and one-eight grain EACH of gen. im. ext. Canna bis Ind. and Hyoscyam.

Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convul sions, Colic, Mania, Epilepsy, Irritability, etc. In the rest lessness and delirum of fevers it is absolutely invaluable.

It Does Not Lock Up The Secretions.

PAPINE

THE ANODYNE.

Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

Same as Opium or Morphia.

Dose.—

ONE FLUID DRACHM—(represents the Anodyne prin ciple of one-eight grain of Morphia.)

IODIA

THE ALTERATIVE AND UTERINE TONIC.

Formula.—

Iodia is a Combination of ac tive principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

Indications—

Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea. Impaired Vitality, Habitual Abortions and General Uterine Debility.

Specify "Battle" when Prescribing our Preparations

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Bellevue Hospital, foot E. 26th.
College of Physicians and Surgeons, 59th st., 9th and 10th av.
Eclectic, 239 E. 14th.
Homœopathic and Free Hospital, Eastern Boulevard, 63d and 64th.
New York Medical College and Hospital for Women, 213 W. 54th.
Post-Graduate, 225 E. 20th.
Polyclinic, 218 E. 34th.
University City of New York, 410 E. 26th.
Woman's Medical College of New York Infirmary, 5 Livingston pl.

DISPENSARIES AND INFIRMARIES IN NEW YORK CITY.

NOT OPEN ON SUNDAY EXCEPT OFFICIALLY MENTIONED.

Bellevue Bureau of Surgical and Medical Relief for Out door Sick Poor. (Dept. Pub. Char. & Cor.), foot E. 26th, 9 to 5.
Bloomingdale, W. 99th, near 10th av., 11 to 12.
Church of the Holy Communion, 328 Sixth ave., daily at 4.
Demilt, 401 2d ave, 8 to 5; Sundays, 9 to 10, 1 to 2.
Dental, 245 E. 23d, 9 to 12.
Deutsche Poliklinik, 411 6th st., 1 to 5.
East Side (Harlem), 306 E. 115th, 2 to 4.
Eastern, 57 Essex, 9 to 5 Sundays, 9.30 to 10.30.
Eclectic, 239 E. 14th, 2 to 4; Tuesdays and Fridays, 1 to 3, for nervous diseases.
For Children, 407 W. 34th. (Sisters of St. Mary), 1.30 to 2.30.
Fordham, 2511 Vanderbilt av., 2 to 3.
German, 137 2d av., 2 to 5.
German (West Side), 411 W. 38th, 2 to 4.
Gouverneur, Gouverneur Slip, cor. Front, 10 to 12, 2 to 4.
Harlem, 160 E. 126th, 1 to 3.
Harlem (Eye, Ear and Throat), 80 E. 125th, 2 to 3.
Manhattan Eye and Ear, 103 Park av., 2 to 4.
Metropolitan, 303 W. 43d, 1 to 3.
Metropolitan (Throat), 2 to 4.
Mt. Sinai, E. 66th, cor. Lexington av., 1.15 to 4.
New Amsterdam Eye and Ear, 212 W. 38th.
New York, 137 Centre, 9 to 5.
New York, Eye and Ear, Second av. & 13th, 12 to 3.
New York Homœopathic (Medical College), 201 E. 23d, 10 to 4.
New York Hospital, 7 W. 15th, 2 to 4.
New York Infirmary (For Women and Children), 5 Livingston pl., 9 to 11.
New York Medical College and Hospital for Women, 213 W. 54th, 10 to 12, 1 to 4.
New York Medical Missionary Society, 7 Nassau. Dispensaries: 81 Roosevelt. Tuesday,s Thursdays, Fridays and Saturdays; 39 Pitt, Wednesdays and Fridays; 310 W. 54th, Mondays, Wednesdays, and Fridays.
New York Ophthalmic and Aural Institute, 46 E. 12th, 2 to 3.
New York Ophthalmic Dispensary, 201 E. 23d.
New York Orthopedic, 126 E. 59th, 1 to 3, except Saturdays and Sundays.
New York Polyclinic, 214 E. 34th, 9 to 5.
New York Post Graduate, 226 E. 20th, 9 to 7.
New York Skin and Cancer, 243 E. 34th, 2 to 4.
Northeastern, 222 E. 59th, 9 to 5; Sundays, 9 to 10, 1 to 2.
Northwestern, 403 W. 36th, 9 to 4.
Northern, Waverly pl., cor. Christopher, 8 to 5.
St. Andrew's Infirmary for Women, 108 E. 28th, 2 to 3, except Sundays.
St. Bartholomew's, Skin and Venereal Diseases, 300 W. 36th.
St. Chrysostom's, 550 7th av., 3 to 4, except Tuesdays and Thursdays.
St. George (for Women and Children), 18 Clinton pl.
St. Mary's Free Hospital and Dispensary for Children, 405 W. 34th.
The Twenty-five Cent Provident, 13 Clinton pl., 3 to 8.
Tompkins Square Homœopathic, 261 E. 4th, 1 to 3.
Trinity, 36 State, 9 to 11.
Twenty-third and Twenty-fourth, Wards Dept. Pub. Char. and Cor., 730 Westchester av., 10 to 4; Sundays, 2 to 3.
University Medical College, 408 E. 26th, 10 to 4.
Vanderbilt Clinic, 60th & 10 av.
Western, 201 W. 38th, 10 to 4.
Wilson Mission, 131 Av. A, 10 to 12.
Woman's Hospital, for Out-door Poor, E. 49th, cor. 4th av., 2 to 4.
Yorkville Homœpathic, 1239 Lexington av., 2 to 4.

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LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same trength.

THIOL *vs.* ICHTHYOL.—Among the new remedies introduced to the profession for the treatment of abnormal conditions of the skin, says Editor Stowell in the *National Medical Review*, ichthyol has won a first place. But it has the disadvantage of having a strong and disagreeable odor. Ichthyol is prepared by the destructive distillation of a mineral rich in sulphur, and the fossilized remains of marine animals. It contains a certain proportion of indefinite, evil-smelling organic bodies, which cannot be removed without decomposing the product. By what may be designated synthetical methods a product is obtained, free from the disadvantages of ichthyol; this is called thiol. Thiol forms a clear solution with water, especially in the presence of glycerin. Several chemical authorities have examined the two products side by side, and the conclusion is reached that thiol is even superior as regards its chemical purity; while a large number of medical authorities have testified that therapeutically it was superior to ichthyol, with the additional advantage of comparative freedom from odor. The current number of *New Remedies* gives a detailed list of affections in which thiol has proved of great value. Among these diseases we note the following: Eczematous affections, erysipelas, herpes, dermatitis, lupus, contusions, and subcutaneous hemorrhages. Thiol is "a purified form of ichthyol." It is a substitute for ichthyol. Considering its advantages, the writer predicts for it a wide use, when its true merits are fully understood by the profession.—*The American Therapist*

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PATHOLOGICAL SPECIMENS.

Dr. H. O. Walker presented the following specimens with reports of cases: (1) Calculus weighing about two ounces, removed by the supra-pubic method. The operation was followed by the usual unpleasant symptoms incident to the method of operation, namely, continuous flowing of urine over the skin of the abdomen and consequent excoriation. I attempted to remove the calculus by crushing but failed to do so, so resorted to the supra-pubic method. The patient made a quick and uninterrupted recovery. (2) Young man, aged thirty-eight, had history of stone for two years. I crushed and rapidly evacuated the stone. The patient did well and left the hospital cured at the end of the fifth day. (3) This patient had had a history of stone for six months. I crushed and evacuated the stone on Wednesday and he left the hospital on Friday—well. (4) This is a hernial sac. The hernia was of years standing. The rupture was nearly as large as a child's head and it could be easily reduced but no truss would keep it in place. So I dissected it out and removed the sac. I used kangaroo tendon for the deep and buried sutures and silkworm gut for the superficial ones. The patient did well, making a quick and perfect recovery. (5) A case of femoral hernia in a woman sixty-seven years of age. She had been vomiting ten days when I saw her and I operated immediately. Upon cutting down to the seat of the trouble this enlarged gland was exposed, which when carefully dissected out revealed the imprisoned intestine. Circular enterorrhaphy was performed but the patient never rallied, and died that night. (6) Man, aged ninety-seven, who gave the following history: Early in the winter he had a great deal of pain in the left iliac region. He had frequent evacuations of blood and pus. I made a careful examination of the abdominal cavity and found a tumer. There was evidently also intestinal obstruction more or less complete, as there had been but little fæcal matter passed for many days He was tympanitic. An exploratory operation was advised and consented to by him. The intestine was found almost completely closed up and circular enterorrhaphy was pertormed forthwith. He died from septic infection in forty-eight hours. (7) This hard, enlarged testicle had been growing and giving trouble for some time. It was looked upon as malignant and removed. It is undoubtedly sarcomatous. Recovery. (8) This specimen—including the scapula, part of the clavicle and upper end of the human shoulder-joint and soft parts adjacent thereto—was recently removed from a man thirty-eight years old, who had had a great deal of pain in left shoulder and had received much treatment at the hands of various physicians, for rheumatism. In February last an enlargement was detected which gradually increased with aggravation of all the symptoms. It was decided to remove all these affected parts. This was done. Patient doing well. (9) Uterus and uterine appendages removed from a patient forty-two years old who had had uterine trouble with frequent hæmorrhages for eleven years. Recovery.—PROCEEDINGS DETROIT MEDL. SOCIETY.—*The Physician & Surgeon.*

THIOL ANTISEPTIC REDUCING AGENT.

Thiol is a synthetical product recently introduced, which closely resembles ichthyol, both in its chemical composition and therapeutic properties, but is free from some of the objectionable features of the latter. It has not the unpleasant odor of ichthyol and does not stain linen; it is also free from irritant effect which ichthyol often manifests. The usual form is a dark liquid, containing forty per cent. of the base; but it can be obtained pure in scales or powder.

Being regarded as a purified ichthyol it has been used in all the affections in which ichthyol has been found beneficial, and, as a rule. with equally good if not better results. Prof. Schweninger, after a thorough trial of the remedy in his clinic in Berlin, regards it as superior to ichthyol.

It has marked effects in causing the absorption of pelvic exudates. Large inflammatory masses and adhesions may be often removed in a few weeks. It is well applied on tampons in five per cent. solution in glycerin, renewed every second or third day, and it is well to administer it internally at the same time. Erosions of the cervix are also very promptly healed by this treatment. Used, as it occasionally is, in very strong solution, fifty per cent. or over, it acts much as tincture of iodine, causing a sensation of burning, with loss of the epithelium. In endometritis, which resists the usual modes of treatment, a speedy cure is often effected by applications of pure thiol made weekly.

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A PLEA FOR CHEAP AND NASTY MEDICAL "EDUCATION."

A medical night school has been started in Chicago, and soon there will be a crop of physicians graduated who otherwise might be doing night work on vehicles arranged for other than medical relief.

Prices of professorships in other "colleges" range from $100 to $2,500. The advantage to the professors consists in their being enabled to advise the matriculated jays to bring cases to the faculty. The night school mentioned publishes a cordial invitation for the public to attend the lectures.

Notwithstanding the apparent degradation all this implies for medical instruction, its outcome will be beneficial in the end, for physiology and medical matters in general are so culpably ignored in common schools that the public pours its money into the quack's coffers through ignorance of what constitutes medical learning.

It is time the rabble was allowed to prey upon itself, and quacks treat quacks through every one being enabled to set up as a doctor. Eventually the rudiments of medicine will be familiar to all, the stable boy, the chamber-maid, the hod-carrier and scullion, who will wrangle over specifics for cancer and consumption, and sell one another sure cures for everything from inebriety to jealousy. The resulting slaughter will be equal to turning loose the fool killer, and there will dawn a millenium when newspapers will not publish patent medicine or quack advertisements, druggists will not vend nostrums, and every one having a smattering of medical information will mistrust the one who knows only as much as he does.

When all are doctors, the doctissimus alone can get shekels enough to live upon. As it is, higher learning is not recognized as such. The cheap and nasty medical school will soon remedy existing evils, and an illustration will be afforded of the tendency of sociological errors to be corrected in most unexpected ways.—S. V. C. in *Times and Reg.*

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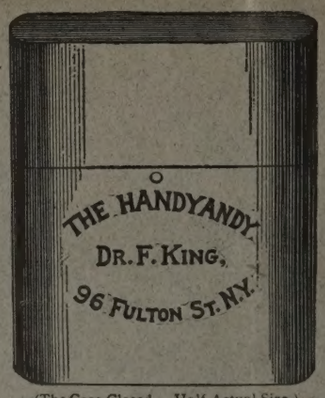

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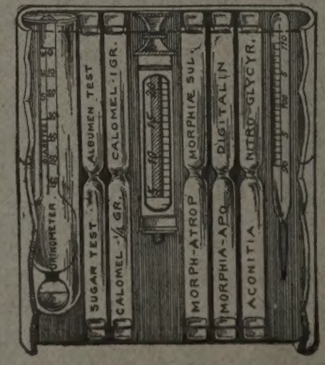

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Acetanilide 1 gr.	Digitalis.
Aconite fl. ext. 1 m.	Dover's Powder.
Aloin.	Ergotine.
Ammonia Muriate.	Hydrastis.
Apomorphia (hypo.)	Ignatia.
Atropia Sulph. (Hypo.)	Ipecac.
Belladonna fl. ext. 1 m.	Mercury and Chalk.
Calomel ½ gr.	Mercury Protiodide.
Calomel Comp. No. 2.	Morphia ¼ gr. (Hypo.)
Camphor Monobrom 1-10 gr.	Morphia ¼ and Atropia 1-200 (Hypo.)
Cathartic Comp. U. S. P.	Nitroglycerine.
Cathartic Comp. Veg.	Nux Vomica.
Cathartic Comp. Imp.	Opium ¼ gr.
Cocaine Hydrochlor 1-000 (Hypo.)	Papoid
Conium Comp.	Rhubarb Comp. U. S. P.
Copper Arsenite.	Scarletina Sulph. 1-60.
Corrosive Sublimate ¼ gr.	Silbium, Opium & Camp.
	Turpeth Mineral.

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